
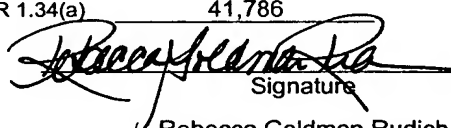


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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket No. (Optional) 8733.477.00 | | | | | | | | | | | | | | | | |
|  | In re Application of Yong II DOH | | | | | | | | | | | | | | | | | |
| | Application Number 10/021,013 | | Filed December 19, 2001 | | | | | | | | | | | | | | | |
| | For: ETCHING APPARATUS OF GLASS SUBSTRATE | | | | | | | | | | | | | | | | | |
| | Art Unit 1763 | Examiner Sylvia MacArthur | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/></td> <td style="width: 65%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 20%; text-align: right;">\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0911</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 41,786</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>August 30, 2004</u> Date</p> <p><u>(202) 496-7463</u> Telephone Number</p> </div> <div style="width: 45%; text-align: center;">  <u>Rebecca Goldman Rudich</u> Typed or printed name </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> | | | | <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ 110.00 | <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ | <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ | <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ 110.00 | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | | | | | | | | | | | | | | | | | |